

CONFERENCE REPORT



Social Accountability Monitoring of Young People's SRH Services: Partnering for better SRHR outcomes among Young People



Knowledge for action: The power to make a difference!



Programme Output 2.3 Effective, integrated gender and adolescent-responsive systems are established for HIV prevention among adolescents and young people

The SAM4SRH model was marketed to international partners as a tool for enabling young people to lead the HIV and SRH response. The conference brought together young people from diverse geographical locations and cultures, service providers and researchers to discuss and bridge the gap in the field of HIV/ AIDS and Adolescents. SAfAIDS introduced the model that sought to strengthen community led monitoring of SRHR services through the MobiSAfAIDS application, a Mobile App for Social Accountability Monitoring for the provision of youth friendly SRH services. The MobiSAfAIDS App supports social accountability monitoring of SRH services by allowing adolescents and young people (AYP) to monitor service provision; interact with the health facility administrators, health services providers and duty bearers; track progress on the resolution of concerns raised through the application. It further seeks to strengthen evidence generation in real time to advocate for accountability on the part of service providers in delivering youth friendly SRH services through digital citizen engagement. The Social Accountability monitoring model is currently supported by UNICEF in 15 of Eswatini.

Following the acceptance of 2 abstracts that were submitted by the CR and PO, UNICEF supported SAfAIDS to go and present on these abstracts which were showcasing the success of the MobiSAM application. The Country Representative presented on SAM4SRHR as a Key Strategy to Improve Uptake of Youth Friendly SRHR Services in Eswatini. On her presentation, the CR showcased how the SAM4SRHR model improved service delivery by 320% in the project sites due to the positive responses to concerns raised through the App strengthening, the relationship between AYP and service providers. When showcasing the work of the web-based application, three healthcare facilities were sampled to compare the impact of the model and these were Lubulini Clinic which saw an increase of 466% (15 -70 AYP) while Mangweni Clinic increased by 400% (15 to 60 AYP) and Dwaleni clinic saw the lowest increase at 166% (30 to 50 AYP).

The PO presented on how the Model was able to detect the shortage of SRH commodities and drugs months before a national crisis. As the app captured feedback from AYP in the different sites, one of the major issues that was raised in the application was that of shortage of drugs. It was the leading issue and following an analysis of the data provided by the MobiSAM application Policy Makers were informed about these outcomes as a warning sign ahead to the national disaster. The shortage of drugs reached a crisis level in Eswatini 3 months after the Policy makers were met. The PO used a poster to present on this (Poster 44).

One of SAM4SRH Champions participated in a panel discussion during the conference, where he showcased his daily work of mobilizing young people to utilize the application at community level. The champion went further to share with the audience on how the model has shaped up his society in particular in having AYP's voices heard and in leading the SRH agenda.

The conference did not only present an opportunity for SAfAIDS to market the SAM4SRH model but also created an opportunity for networking and learning from other countries' best practices done towards AYP programming. Highlight of the learning and sharing experience was on the skills building sessions, where discussions on health players now have to move towards offering an integrated package to young people in health facilities. Integrated services and multi-sectoral approaches are critical for getting to scale faster. AYP have complex needs and should have access to a range of health services, such as SRH, mental health as well as improved linkages and referrals to protection, education, livelihoods and other social services that contribute to their overall well-being. The skills building sessions created a better understanding of service integration and package of care for HIV, SRH and MHPSS, identified

existing barriers and strategies on how to scale up integrated service delivery. This session further provided an opportunity for sharing experiences, best practices and helpful resources and tools

Gallery



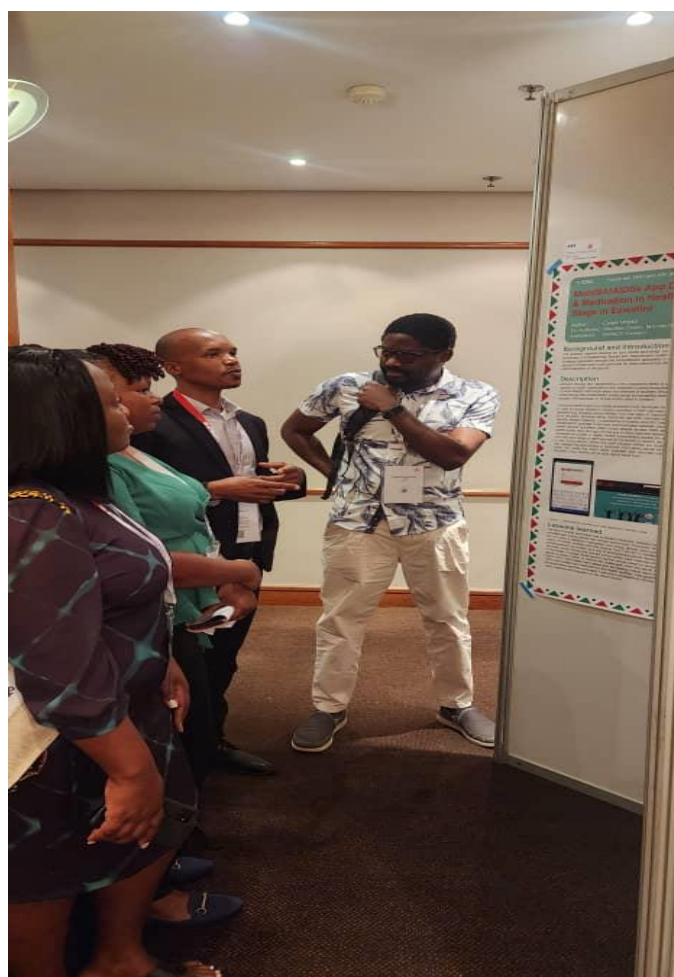
SAfAIDS Eswatini Country Representative, presenting during the HIV & Adolescence conference



Poster number 44 signage at the HIV & Adolescence Conference



SAfAIDS Eswatini team with UNICEF's Alice Armstrong (Eastern and Southern Africa Region Office)



SAfAIDS Eswatini Programmes Officer presenting on the SAM4SRHR Model



SAM4SRH Champion, Progress presenting during panel discussion



Team SAfAIDS Eswatini at the HIV & Adolescence Conference